

---

# MEDICAL EXAMINER.

NEW SERIES.

---

No. 43.]      PHILADELPHIA, OCTOBER 22, 1842.      [Vol. I.

---

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY.

*Monday Evening, October 17th.*

The President, Dr. CHAPMAN, in the Chair. Dr. STILLÉ read the report of

*A Case of Tri-facial Neuralgia, cured by extracting a carious Molar Tooth.*

Elizabeth McMakin, aged about 27 years, has been in good health since October, 1840, when she was ill with continued fever. She is naturally robust, and has never been subject to rheumatism or shooting pains in any part of her body. About a year ago she suffered from toothache in one of the upper molar teeth of the right side; the pain was confined to a single tooth, and ceased upon the extraction of the latter, which was found free from decay.

On the 29th September, 1842, she ate her supper as usual, masticating her food readily with the teeth of both sides. A few hours afterwards she awoke suddenly with a violent pain in the left side of her face, darting through the temple, behind the ear, and along the edge of the trapezius muscle of the same side. From that moment until the 8th October, when she first consulted me, the pain never left her, and scarcely abated at all, except during two or three hours every morning. No cause could be assigned for the attack. There was neither redness, swelling, nor heat of the integuments, nor any inflammation of the gums, but the patient was unable to eat solid food, not so much on account of any tenderness of the teeth, as because the act produced a violent paroxysm of shooting and burning pain over the whole side of the head and neck. The affection was thought to be rheumatic, and a variety of anodyne and rubefacient applications were made to the suffering parts, with no other result, however, than to assuage the pain temporarily.

On hearing these facts, and discovering no other sign of inflammation except pain, I examined, by pressure, the several points where the branches of the trigeminus, and other nerves of the side of the head, become superficial. The following points were acutely sensible to very slight pressure; viz.: the *temporal*, the *mental*, the *mastoid*, and the *occipital*. The *infra* and *supra orbital*, and the *cervical* points were tender, but less so than those just enumerated. Pressure upon the *mental*, *temporal*, and *occipital* produced violent burning or darting pains in all the other points. Upon striking each of the teeth lightly with a file, none of them showed any morbid sensibility except the second inferior molar of the left side, and from it, upon the slightest touch, lancinating pains radiated to most of the points already mentioned. A cavity was soon discovered in the crown of this tooth, but I could not ascertain that its central pulp was exposed, notwithstanding a careful exploration with a pointed probe.

The patient was directed to have the tooth extracted immediately, but the dentist to whom she applied for this purpose insisted upon taking out the adjoining *first* molar, which was not in the least carious. The pain continued without abatement, and, on the next day but one, Mr. Townsend removed the affected tooth. The relief was instantaneous, and so considerable that the patient took advantage of the opportunity to have some other dental operations performed.

The extracted tooth has in its crown a large cavity, which does not, however, appear to have any communication with the central hollow of the organ.

Two days afterwards, (Wednesday, October 12th,) there was no pain, either spontaneous or excited, at any of the spots which had so recently been intolerably sensitive, with the exception of the *occipital*, which was still a little tender. A small flying blister was prescribed to be applied over the seat of pain.

On the 16th instant, or six days after the removal of the diseased tooth, not a vestige of pain remained. Owing to its rapid decrease the prescribed blister had not been applied.

This case has been recorded less on account of any intrinsic interest it may possess, than because it offers an exception to a rule laid down in a recent and very valuable treatise on neuralgia. M. Valleix, the author of that treatise, sets forth the conclusions he arrives at, as the results of his own experience not only, but as legitimate inferences from all the authentic records of the disease, to which he has had access. Speaking of "the state of the teeth" as an alleged cause of tri-facial neuralgia, he states that out of twelve cases of this disease, in which the condition of the teeth is recorded, *nine* were of persons having one or more carious molar teeth. But *four* of these had no dental pain; *six* others submitted to the extraction of the diseased teeth, and had their sufferings rather increased than diminished, and another who had never before had neuralgia, was attacked by it immediately upon the removal of a carious canine tooth. Hence M. V. infers that dental caries must be very rarely the cause of neuralgia.

In a subsequent article, M. Valleix treats of the signs by which odontalgia is to be distinguished from neuralgia of the fifth pair. "A person," he says, "suffering from the former can generally indicate very precisely the starting point of his pain, and the anguish is excessive whenever the tooth, and especially its carious portion, is touched; finally, (and this is the most important of all,) we cannot excite pain by pressing on the several points of emergence of the nerves, which are so acutely sensitive in neuralgia."

The case just recited must clearly be regarded as forming an exception to these propositions, since, in the subject of it, pain in the carious tooth and neuralgic pain began at the same moment, and ended together by the extraction of the decayed tooth. That the pain was really neuralgic, is made apparent by its sudden onset, by the absence of inflammation in the affected region, and above all by the morbid sensibility of the branches of the trigeminus, and of the occipital and cervical nerves.

It is not easy to say in what manner the caries of the tooth produced the neuralgia, since the cavity of the tooth was found to have no communication with that produced by the disease; nor was there any exostosis or other organic affection of either fang.



## A LETTER FROM DR. HAYWARD.

To the Editors of the Medical Examiner.

GENTLEMEN—I regret that you did not publish the note which I addressed to you some time since in relation to Dr. Clymer's paper on the mortality after amputations. I should not, however, have called your attention to the subject again, were it not for the statement that appeared in the Examiner of the 8th instant, respecting a communication from that gentleman.

Though this is a very unsatisfactory explanation, for he apparently does not think an *apology* necessary, I should have passed it by in silence, if he had not fallen into another error in attempting to correct me. In the last sentence of the statement referred to, it is said, "Dr. Hayward's report, correctly stated, was 67 amputations, of whom 15 died, and not 70, the number given by Dr. Hayward in the extract from his note which we published last week." This is not correct. The number of amputations was 70, precisely as I stated, which were performed on 67 patients.

Thus it appears, that in the first notice of my paper in the statistics of amputations performed at the Massachusetts General Hospital, the writer makes three gross errors in two short lines; and then in what is intended for an explanation, he deliberately charges me with making a false statement in the note which I addressed to you on the subject; a charge which he would have seen was wholly groundless, if he had taken the trouble to read the article, of which he pretended to give an account, and which he can find in the 26th vol. of the American Journal of Medical Sciences.

I trust that you will do me the justice to publish *this* note in your Journal.

Respectfully, yours,

GEO. HAYWARD.

Boston, October 15th, 1842.

## BIBLIOGRAPHICAL NOTICES.

*Du Strabisme.* Par A. A. VELPEAU, Professor de Clinique Chirurgicale à la Faculté de Médecine de Paris, &c. &c. &c. *Supplément aux Nouveaux Elémens de Médecine Opératoire.* A Paris: 1842. 8vo. pp. 180.

*Strabismus.* By A. A. VELPEAU, Professor of Clinical Surgery, &c. &c. &c. A Supplement to the Elements of Operative Medicine. Paris: 1842.

Until very recently no serious measure had ever been proposed to remedy squinting. The successful application of tenotomy to other deformities, induced Stromeyer, of Dresden, to imagine that it might be successfully applied to the cure of the deformity of squinting, and the operation was accordingly first, successfully, practised by Dieffenbach, on the 29th of October, 1839.

Previous to a description of the various operative methods suggested for the cure of strabismus, Professor Velpeau devotes some pages to the consideration of the anatomy of the appendages of the eye, and more particularly to that of the cellulo-fibrous tissue, which invests more or less completely each of the accessory organs. Before ocular tenotomy came into vogue

anatomists had but very imperfectly studied the aponeuroses of the eye ; since then they have received every attention, and been described with a minuteness of detail, which leaves nothing to be desired. Having established the anatomical relations of the eye and of its appendages, our author proceeds to describe the various modifications which have been proposed in the operation for squinting. These different methods may be classed under two heads :—A. The ordinary method [by dissection, or that of Stromeyer ; B. The sub-conjunctival method.

The supposed advantages of the sub-conjunctival method are that it prevents all inflammation and suppuration, by the non-admission of air into the wound. But it is known that the ordinary operation rarely provokes any alarming inflammation, or is followed by any serious suppuration, and moreover, that when they supervene, they need not cause any grave alarm. It is, however, untrue that no air penetrates, by the method of Mr. Guérin, and it is besides very generally followed by infiltration of blood, often sufficiently great to cause an ecchymotic tumefaction of the entire conjunctiva, and even, sometimes, of the whole thickness of the lids. It must, too, be confessed, that all things being equal, the sub-conjunctival method is more difficult for the operator, and more painful, and less sure, for the patient. The only real advantage which Mr. Velpeau conceives can be claimed for it is its not being ordinarily followed by the “ocular polypus,” which frequently springs from the bottom of the wound in the Stromeyerian operation from the fifteenth to the thirtieth day. This little vegetation is at most a very trifling inconvenience, and under proper treatment easily disappears, and, if we are not very much mistaken, sometimes succeeds Mr. Guérin’s operations.

The modifications of the Stromeyerian operation, numerous as they are, essentially differ so little that our author thinks “that the choice between so many shades, is rather a matter of taste than of necessity.” This candid statement is, however, immediately followed by an avowal, the self-complacency of which cannot but excite a smile, at the same time that we may give it our hearty adherence. “4. That, nevertheless, the method, definitively, the easiest and surest, is that one which, for a long while, I have adopted ; that is to say, the method in which the blephareirgon keeps the lids apart, whilst the two forceps with serrated points, embrace and raise the muscle at a distance of four to six or eight millimeters, and the conjunctiva, the muscle in its middle portion, with the aponeuroses, are at a single sweep, and at the same time, divided by a pair of good straight scissors ; subsequent sections, above and below, dividing all that may offer resistance afterwards.”

Two things should occupy the attention of the surgeon after the operation for strabismus ;—to prevent accidents, or should they occur, to combat them ; and to watch the eye carefully with regard to the maintenance or reestablishment of a good direction. The simplest means suffice generally for the first of these indications, the subsequent inflammatory action rarely demanding active treatment. The question has arisen whether one of the eyes



should not be *covered*, the better to secure repose, and which of the two eyes it should be. Mr. Velpeau thinks that in the majority of cases after the operation, both eyes should be freely exposed to the air, but that generally, the patient should do nothing to fatigue them, keeping his room for three or four days without using his eyes, and afterwards should use them with care, avoiding all irregularities of diet, in fact all imprudences of every kind. In many cases, however, these precautions are useless, and the patients continue their ordinary occupations without inconvenience. In covering the invalid eye, you render it more irritable, without diminishing the liability to inflammation; and you prevent motion, and thus nullify one of the ends proposed. By constant movement the suppleness of the tissues are maintained, and the too immediate union of the divided laminae to the sclerotica prevented. Where a tendency to deviation in the operated eye persists, then by covering the sound eye, you force it alone to receive the images, and thus to keep itself in the centre of the orbit, by the action of the three intact straight muscles. The operation for strabismus may be followed by incomplete redressment of the eye, by inflammation, and by a fungoid vegetation or polypus, sprouting from the wound. Not only the incomplete division of the muscle, but the existence of the smallest bridle, whether fibrous, cellular, or muscular, will effectually cause the persistence of a vicious direction. But if the tissues be freely incised, and there be subsequent exploration with the blunt hook or the blunt scissors, this will rarely happen. In convergent strabismus, where this deviation has continued, it has been proposed to divide the superior oblique muscle. Mr. Velpeau is opposed to the division of this muscle in such cases, but sometimes divides a portion of the superior and inferior recti muscles, and he thinks, with marked advantage. But it not unfrequently happens that an eye, which, after the operation, remains obstinately convergent, becomes, in the course of four or five days, perfectly straight; and it must be borne in mind that if the sclerotic be too largely denuded, exophthalmia, and separation of the lids may ensue. When, however, this deviation persists, Mr. Velpeau employs compression in the following manner. Small pledgets of lint, or pieces of agaric or soft plaster, placed in the form of a cone at the greater angle of the eye, and confined there by diagonal strips of adhesive plaster, or by the turns of a suitable bandage, prevent the eye from turning towards the root of the nose. The eye itself must not be subjected to compression. Dieffenbach proposed the employment of a thread passed through the conjunctiva, or through the root of the divided muscle, to obviate this abnormal deviation, subsequent to the operation for strabismus. Though employed, both by Mr. Velpeau and Mr. Phillips, we cannot conceive its advantages, and its dangers strike us as glaring.

We have already alluded to the vegetation which occasionally appears in the corner of the eye, and to which Mr. Velpeau gives the name of "ocular polypus." We say occasionally appears, because we believe that in at

least three-fourths of the cases it will be found wanting. This vegetation, which varies in size from a currant seed to a pea, and has very much the appearance of a strawberry, is formed, our author plausibly imagines, in the following manner : At the same time that the divided edges of the conjunctiva, and the aponeuroses become swollen, the lamellated cellular tissue, which lines the sclerotica, becomes vascularized and softens a little. The whole traumatic surface, which becomes disgorged little by little, is cicatrized from the circumference to the centre. The contact of the lids, which exercise a permanent compression upon a large portion of this wound, leaves a part near the lachrymal caruncle, entirely free. The continual movements of the eye causes the *vascularizable* cellular tissue to be pushed up behind the right portion of the free border of the lids, and it there forms the nidus of the polypus in question. Whatever be its origin, its inconvenience is so slight, as scarcely to demand any treatment, it disappearing generally of itself, in a short time. Its progress, however, may be arrested by the nitrate of silver, or it may be removed, when developed, by the blunt scissors, without pain.

The operation for strabismus is sometimes followed by diplopia, an abnormal opening of the eye lids, exophthalmia, and impaired mobility of the eye.

Double vision is common, after the operation, and generally persists, or even sometimes augments, till the second or third week, and then disappears. The separation of the lids, when confined to one eye, is an exceedingly disagreeable deformity, giving to the patient a vacant stare. Mr. Velpeau states that this accident has never supervened on his operations, and he thinks this fact is due to his incising the conjunctival membrane near the cornea. Its cause no doubt is due to too large a dissection of the aponeuroses and tissues of the ball. There is no remedy, and it, therefore, should be avoided. Exophthalmia occurs, not unfrequently, after the operation of strabismus, and produces the most unpleasant effect. Mr. Velpeau, whose operations seem to have been singularly felicitous, has met with it scarcely at all in his own practice. It is irremediable. Mr. Dufresse has recommended compression, exercised on the lids, but we should doubt if with any success. The palpebral suture, recommended by MM. Rognetta and Guérin, is painful to the patient, difficult for the operator, and very doubtful in its result, and should be unequivocally rejected. Sometimes after the operation we notice an incertitude, an inequality in the movements of the eye, and occasionally utter immobility. This last is a sad deformity, giving a distressing, haggard expression to the patient. Unfortunately, as in the other cases, surgery can offer but little chance of cure, and the great object must be to prevent their occurrence. This can only be done by an attentive study of the anatomical arrangement of the contents of the orbit, and more careful study of the manual details of the operation.



An important and delicate task now remains for us to perform—to examine the actual merits of ocular tenotomy, and place its real claims on the profession in a proper light. No operation was ever ushered in under more favorable circumstances: The discovery of an easy, safe and sure method was announced to remedy a deformity which hitherto had completely baffled all the best directed efforts of surgery. Immediate and complete success was fondly imagined and fully promised; all ages and both sexes flocked in crowds to the operators, who were, almost by a miracle, or a fairy spell, to change their destinies. We heard nothing of the dangers, the difficulties and the uncertainty of the operation. Mr. Phillips, the pupil of Dieffenbach, declared that the Surgeon of Berlin had performed upwards of four hundred operations for strabismus, without a single failure or accident; and that he, Mr. P., had operated upwards of one hundred times in St. Petersburg, with invariable success. In France, the floors of the Academies of Sciences and of Medicine were filled with patients who had been operated on the previous evening, and their cures vehemently and rudely proclaimed amidst occasional scenes unworthy of the halls of Science. The political journals of the capital and of the departments were also subsidised, and daily trumpeted forth the successes of certain well known operators. In short, the most disgraceful means were adopted to *allécher les cliens*, and secure a reputation for what promised to be a very lucrative business. Now the fact is, that nearly all the earlier operations in Paris were unsuccessful, and were so, probably, elsewhere in an equal degree. Of Mr. Guérin's four first operations, but one succeeded. All Mr. Velpeau's earlier cases, which we witnessed, failed. Mr. Roux was in the same predicament. Even Mr. Phillips, whose earlier operations *were all successful*, finds the climate of Paris not quite so congenial to the operation as that of St. Petersburg, and out of one hundred cases recently published, he confesses twenty-five failures. Mr. Baugmaster says, that out of fifty-two cases, he cured only thirty-three by the operation. Of seventy-two operations performed at Dresden, forty-five were successful. Mr. Cunnier, of Brussels, states, that out of 198 cases, supposed to be cured, in six months after the operation, there were only 70 actual cures. In Belgium, Mr. Dumont declared that the failures were so constant that the operators themselves were discouraged; and Mr. Blairau affirmed at the Medical Society of Ghent that he had never seen a single case of strabismus cured. In 300 cases, Mr. Velpeau declares that only one-half were completely cured. In the other half the cure in one-third was incomplete—that is to say, that there was some slight deviation upwards, or downwards, outwards, or inwards, some immobility, or prominence of the eye, or some discordance in the axes, or in the movements of the two eyes. The remaining two-thirds were complete failures. By failure, Mr. Velpeau means, where there was subsequent permanent deviation in an opposite direction, or a persistence of the original squint, or exophthalmia, &c., or, in a word, where the original deformity remained, or where one even more unpleasant was substituted. With regard

to the actual value of the operation for strabismus, Mr. Velpeau abstains from pronouncing any positive judgment; and he thinks that no definitive opinion can be impartially given for some years to come. We do not consider that there is yet sufficient data to justify any rigorous statistical opinion, but we have abundant testimony that the operation in question is not the easy, safe and effectual method it was represented to be, by men, who, though of high professional standing, were, we fear, too much interested by sordid motives. Early enthusiasm has yielded to mature experience and reflection, and repeated failures and lamentable accidents have warned us not too inconsiderately to undertake, or rashly to perform an operation, whose chances of success and failure are nearly equal, and which not unfrequently entails on the patient a worse defect than the one removed.

M. CLYMER.

---

*Dictionnaire de Médecine, ou Répertoire Général des Sciences Médicales considérées sous les rapports théorique et pratique; t. xxv., Paris, 1842, 8vo.*

*Dictionary of Medicine, &c. Vol. xxv. Paris, 1842, 8vo.*

The twenty-fifth volume of the Dictionary contains a number of very important articles. Several of them, as Pleurisy, Pneumonia, Pneumothorax, are by M. CHOMEL, who treats these subjects with characteristic clearness and exactness. We notice that M. Chomel divides acute pleurisy into partial and general, comprising under the first head, costo-pulmonary, diaphragmatic, mediastinal, and interlobular pleurisy. Of these varieties, often so difficult to distinguish the diagnostic marks are lucidly pointed out. M. Chomel's remarks upon Lænnec's hemorrhagic pleurisy are worth quoting. He says:

"Lænnec has noticed, and described as a distinct variety of pleurisy, that which terminates in an effusion of blood, or bloody serosity into the pleura; he thinks that in these cavities exclusively are formed those thick, false-membranes of fibro-cartilaginous consistency, which, according to him, are composed of albumen and fibrine, and which cannot take place except in an effusion of this character. But this opinion is not in accordance either with autopsical results, which show that a purely serous liquid is often surrounded by fibro-cartilaginous membranes, or with the most recent chemical researches, which have detected fibrine in the ordinary false membranes, heretofore considered as purely albuminous. Again, the greater rapidity pointed out by Lænnec as occurring in the formation of the effusion in question, and the increased intensity of pain insisted on by Broussais, are *not* of constant occurrence in hemorrhagic pleurisy. It, therefore, constitutes merely an anatomical variety of the disease, which cannot be specially recognized during life.

"I am more disposed," adds M. Chomel, "to admit a variety of pleurisy, which I would call the purulent variety. This may sometimes be recognized by the discharge of pus either through the bronchiæ, or an opening in the



parietes of the thorax. In those cases in which the pus finds no external exit, this species of pleurisy may be suspected from the increased intensity of the general symptoms, particularly of the fever, especially when the extent of the pleurisy and the quantity of liquid thrown out are not in proportion to the violence of the symptoms."

The article Pneumonia is able and elaborate, but presents no points deserving special notice. The article Pneumothorax is by the same author. M. Chomel adopts as the explanation of the phenomenon of metallic tinkling, the passage of air through the liquid, which stops up the fistulous orifice communicating between the lung and pleura.

There are two lengthy articles on Surgery in this volume. The first is Affections of the Wrist, (Poignet) by M. VELPEAU, who discusses many important points, connected with the subject. M. Velpeau finds no case recorded of luxation of the mass of bones of the carpus upon the fore-arm, unless there have been ruptures of bony ridges, tendinous grooves, or some fracture. He does not, therefore, admit simple luxations of the wrist. On the subject of fractures of lower extremity of the radius, M. Velpeau adopts the opinion recently put forth by Mr. Voillemier, that the superior fragment penetrates the inferior, which offers a larger surface and less resistance. He admits, however, besides, the transverse fracture, (described by Dr. J. Rhea Barton,) and an oblique fracture. For the treatment of fracture of the lower extremity of the radius, M. Velpeau proposes an immoveable apparatus.

There is an excellent article by M. MARJOLIN on the Surgical diseases of the breast, (Poitrine.) The subject of lead, (Plomb) is treated by MM. ORFILA, CAZENAVE, and SOUBEIRAN. From the cursory notice which we give of the contents of this volume, it will be seen that there is no flagging in the spirit and ability which have heretofore distinguished the work. We again recommend such of our readers as are not subscribers to it, to become so.

---

## THE MEDICAL EXAMINER.

---

PHILADELPHIA, OCTOBER 22, 1842.

---

### *Fête at Bicêtre.*

A most singular and interesting exhibition recently took place at Bicêtre, the Insane Hospital near Paris. A vaudeville was performed by several of the inmates of the establishment, before their comrades. The orchestra was directed by Mr. Florimond Rouger, a young Parisian artist, who has devoted his time and talent to instructing and amusing the insane. A prologue was written and spoken by M. Duclos, a man of letters, completely insane, but whose verses do not betray more incoherence of thought and expression, than those of many other mad poets, whom the public never thought of sending to Bed-

lam. The vaudeville was "l' Ours et le Pacha." The Pacha was a lypemaniac, who several times during the performance relapsed into his ordinary train of thought, but always resumed his part in turn. Roxelane was played by a young epileptic, who had an attack as she was going on the stage, but which did not cause her to forget a word of her part. The rest of the characters were filled by lunatics and epileptics. The choruses were well sung, and the parts all well played, and, in the language of one who witnessed this unique and thrilling performance, "If you had not been in the secret, you would never have supposed that you were at a play acted by insane, and in the midst of a pit of madmen and epileptics."

M. C.

---

## ANALECTA.

---

*Enlarged Prostate.*—Dr. JOHN C. WARREN exhibited to the Boston Society for Medical Improvement, on the 23d of May, a specimen of enlarged prostate, of the same class, he said, with several which he exhibited to the Society some time since, and which were of much practical importance. The present specimen was taken from a gentleman 84 years of age. He had for many years had some slight obstruction in his urine. About four months since he had a more serious difficulty, which, however, was relieved. Finally he had another, when he was attended by Dr. Homans, who at first relieved him, but on the third day failed to introduce the catheter. Dr. Hayward was called in, who succeeded in drawing off his water. The day after, however, he failed, and Dr. Warren saw him. He succeeded in introducing the catheter, but drew off no water. On examination by the rectum, the parts were found very loose, and the pelvis filled with this mass of the prostate gland. He decided to let him alone, concluding that the difficulty arose from an enlargement of the middle lobe of the prostate, closing over the orifice of the urethra like a valve, and preventing the catheter from reaching the urine. On the second day after, the bladder had extended up to two fingers' breadth above the umbilicus. The bladder was punctured above the pubis, and the urine passed off very well. The second night after, the canula, by accident, was pulled out; but it was introduced again. For several days after, the patient did perfectly well, exhibiting no symptoms indicative of any but a favourable termination. Finally, however, owing to his advanced age and circumstances connected with his previous disease, he gradually sunk and died, a result which must be considered as entirely unconnected with the puncture of the bladder.

The difficulty of passing the catheter in this case, was not owing to want of room, but to the enlargement of the third lobe of the prostate, occasioning an irregularity in the course of the urethra. It is very rare that any difficulty of this kind arises from enlargement of the lateral lobes. Dr. Warren had made many dissections of the prostate gland, and often from its minuteness was unable to discover the middle lobe, and when so large as to be discovered, it was rarely more than twice the size of a pea.—*New England Quarterly Journ. of Med. and Surg.* Oct., 1842.



*Catheter broken off in the Bladder, and Calculus formed upon it.*—The specimen was sent to the Boston Society for Medical Improvement, on the 30th of May, by Dr. HENRY TUCK, of Barnstable, Massachusetts, together with the following history of the case.

Dea. A. C. æt. 83 years, Yarmouth, a mariner in the early part of life, and farmer during the last 40 years, always enjoyed vigorous and uninterrupted good health until the beginning of 1841, when he began to experience some little difficulty in voiding his urine. He had to make considerable effort at times to relieve himself, especially when fatigued. On the 19th of May, 1841, there was retention of urine for twenty-four hours, accompanied by great pain and tumefaction in the hypogastric region. A small-sized catheter was introduced into the bladder by Dr. Oliver Ford, of this town, the attending physician, and a large quantity of water drawn off, giving immediate and complete relief. Cathartics, diuretics, tinct. of cantharides, &c., were given. Still the inability to expel voluntarily his urine continued, and the same catheter which had been long in use was passed, occasionally meeting some little obstruction from the prostate gland, for ten days, when on applying unusual force to introduce the instrument, something was perceived by the operator to give way. On withdrawing the catheter, it was found broken off at the bend, leaving the end in the urethra or bladder. A larger instrument was then passed without difficulty, and with it the piece of the broken one was distinctly felt in the bladder. Subsequent to this accident he continued his medicines, had the catheter passed twice a day for a month, and then the bladder recovered its tone, and he was able to void his urine by his own efforts. He gradually regained his health and strength, and was able to do light work on his farm until the 9th of December following, when he was seized with rigors, heat nausea, vomiting, pain in bowels, accompanied by constipation and partial retention of urine. This ceased, however, after the application of hot fomentations. During the interval between these two attacks he was obliged to micturate more frequently than usual, and his water deposited, on remaining in the vessel, a thick white, slimy sediment, which was adherent, and would rope when poured out.

On the return of his illness the second and last time, his strength was completely prostrated—there was considerable irritative fever. His water was passed involuntarily in bed. He had one or two dejections daily without cathartics. Morphine was administered to allay the pain. His mind continued unimpaired until the 7th of January, 1842, when he died.

*Post-mortem.*—On opening the abdomen, no lymph or adhesions were observed. There was a small blue spot on the surface of the bladder, on the left side, about the size of a half dime, through which the catheter perforated on taking hold of the bladder to feel for the broken instrument, and projected three fourths of an inch. On laying open the bladder, the coats were found thickened. The mucous membrane was sacculated, rough, and altogether quite morbid in its appearance. In the posterior part was a calculus formed round the middle of the catheter, both together weighing two and a half drachms. The piece of instrument, to which the calculus adhered firmly, was three and a half inches in length. The calculus was of a reddish-brown colour, extremely porous and friable. The prostate gland was about three times its natural size, and indurated.—*Ibid.*

*Comparative frequency of Phthisis in Man and in Animals.*—At the session of the Paris Academy of Sciences, on the 18th of July, M. RAYER read a very elaborate and interesting paper, entitled, "*Fragment of a Comparative Study of Phthisis Pulmonalis in Man and in Animals.*" The following are his conclusions :

1. Tuberculous Phthisis is of all chronic diseases the most common both among men and animals.

2. In man and other mammiferous animals, tuberculous matter may be readily distinguished from fresh pus, which always contains granular globules. In birds, the characters of tuberculous matter are less decidedly marked : the artificial introduction of foreign bodies into the lungs and muscles produces, not a white, opaque secretion, with granular globules, but a dry, yellowish substance, having no globules, the physical characters of which approach those of tubercles in the mammalia. In reptiles, fishes, and insects, the characters of tubercles are still less distinct.

3. Pus, in the mammalia, particularly in the horse, when deposited for a long period in the organs, undergoes successive transformations, which sometimes give it the appearance of tuberculous matter.

4. Pulmonary tubercles in man and quadrupeds, having a gray tint. In the lungs of the cow, tuberculous matter has usually a yellow chamois-leather colour.

5. In man and animals, the *central* softening of tubercles cannot be attributed to inflammation. It never presents globules of pus. The peripheric softening of tubercles is, on the contrary, most commonly promoted by inflammation of the surrounding tissues. It is almost always mixed with globules of pus.

6. The yellowish matter, which is found in the hydated cysts of ruminating animals after their rupture, has some analogy with the matter from the lungs ; but the cysts, filled with this yellow matter, contain almost always the remains of the hydated sacs, and sometimes a certain amount of pus.

7. The cretaceous or calcareous concretions, composed chiefly of carbonate and phosphate of lime, which are seen in the lungs of men and animals, should not be considered, as has been heretofore the case, as nearly always a final modification of tubercle ; they are often in man and very often in the horse, the remains of a small deposit of pus.

8. In many animals, there are formed in the lungs *verminous* granulations and *glanderous* granulations, which should be distinguished from *tuberculous* granulations.

9. In quadrupeds and in certain birds transported to temperate from warm climates, the development of phthisis has its maximum of frequency, almost to the exclusion of other chronic diseases. It is likewise promoted by a change of climate and of alimentation in other animals coming from the North, and particularly in the rein-deer.

10. Phthisis, which is rare in solipeds domesticated, is still more so in the carnivorous animals. Nevertheless, in spite of the prophylactic influence of a strong constitution and animal diet, many carnivorous animals, the domesticated cat, and, especially, the lion, and tiger, when transported into a temperate climate, may be attacked with pulmonary phthisis. This same infrequency of phthisis is found among birds, in birds of prey.

11. It is found that, of carnivorous animals, the domesticated dog, of solipeds, the horse, are much less subject to tubercles than to cancer, a disease considered by Camper as unknown among animals.



12. In ruminating animals, particularly in the bovine tribe, phthisis is often found together with vesicular worms, particularly the echinocochia; but there is no foundation for the opinion that there is any connection of transformation or succession, between these hydatids and tubercles.

13. The fatty degeneration of the liver is generally a sign of phthisis in man and of general obesity in birds.

14. The alterations of the bones, which are observed in tuberculous monkeys, and particularly in those of America, appear analogous to the enlargement and spongy softening of the bones in phthisical and scrofulous children. Similar alterations are noticed in the bones of the carnivora of warm countries, transported into temperate latitudes.

15. While the frequency of pneumonia and the infrequency of phthisis, in the domestic dog, appear to indicate a want of connection between these two diseases, it is otherwise with the calf, the cow, and the milch ass, in which the deposit of tuberculous matter almost always coincides with a chronic progressive pneumonia.

16. Phthisis is hereditary, but it is almost never congenital even in the incipient stage.

17. In phthisical subjects, the sperm contained in the vesiculæ seminales has few or no spermatic animalcules.

18. Ulcers of the larynx, trachea, and bronchiæ, are not of the same import in man and in all animals. In the former, they almost always denote pulmonary phthisis and sometimes syphilis; in quadrupeds, a general tuberculous affection; in solipeds, almost always the glanders.

19. In pneumothorax, vegetations may be formed upon the pleura of a phthisical patient, as occurs sometimes in the air-cells of birds which are tuberculous or laboring under a lesion of the organs of respiration. In this case, as in all those noticed in the vertebrata, the development of this species of vegetations is always a *secondary* phenomenon.

From the foregoing conclusions, M. Rayer developed some general reflections, to which he called the attention of the Academy.

The progressive connection which anatomy and physiology demonstrate in the animal series, is shown also by pathology. It is owing to a parallelism of organization, that phthisis runs through so large a number of the vertebrata, until, as the scale of organization is lowered, the distinguishing characters of tubercles disappear and are not appreciable by our present means of investigation.

A predisposing cause in the production of tubercles in animals, is captivity or domestication; and, more comprehensively, a *decided and prolonged change in the natural state of existence*. The rein-deer coming from the North, the monkey from the South, both meet with the same end, when brought into captivity, although starting from opposite points. This cause, in intensity of action, may be compared to the bad lodging and nourishment, which, in man, so fearfully develop tuberculous phthisis.

Finally, in this vast series of tuberculous lesions, variable in their aspect, but ever the same, in animals of different natures, we see that phthisis is the common goal whither tend the various disturbances of the functions of nutrition, and that science, which, with regard to tubercles is powerless in curing, ought not to be powerless in preventing.—*Archives Générales de Médecine*, August, 1842.

COLLECTANEA MEDICA. *Abercrombie's Maxims for Medical Men.*

1. Cultivate a habit of steady and continuous attention.
2. Exercise strict control over the succession of your thoughts.
3. Keep up an animated, inquiring state of mind.
4. Maintain a habit of correct association of facts according to the relation of cause and effect.
5. Select carefully the subjects to which the mind is directed.
6. Carefully abstract the operation of the judgment from the influence of imagination or passion.

*Difficulties of the Medical Profession not to be considered as Discouragements.*—From the picture that has been exhibited of the innumerable doubts and difficulties which clog the attainment of medical knowledge, and embarrass the application of it to practical purposes, the timid, sceptical, and indolent may be discouraged from studies, apparently so arduous in their prosecution, and so questionable as to the efficiency and utility of their result. But it is not from characters of this description that any good can be expected in any of the useful arts of life,

If a like despondency were to pervade mankind in general, there would be an end to all that enterprise and energy which alone can enable them to act up to their destiny, and follow up those pursuits upon which the perfection of their nature depends.

As the senses would have lain dormant for ever had there been no external objects to stimulate them, so the faculties and virtues which characterise rational nature and civilised life would never have been developed, but through the excitement of those pains, wants, difficulties, and dangers inseparable from human life. By no other arrangement could our duties, our happiness, our mental and bodily perfections, have been bound together in one harmonious and consistent system.

Let us compare the art of medicine, under this aspect, with those of navigation and agriculture.

Had man been furnished by the Creator with wings, by which he could have traversed all seas and oceans, so as to supersede the use of ships, where would have been that hardihood of character and all those ingenious devices which have called forth the active energies and deep researches of the human mind?

If, contrary to the actual institutions of Providence, the life of man had been sustained by the spontaneous productions of nature, instead of the products of industry, neither the faculties of the mind nor the powers of the body could ever have been developed; man would have been little superior to the brutes; his active and inventive energies would have lain asleep for ever; there would have been no room for the talents exercised in the procuring of food, raiment and shelter, nor in commercial intercourse; all the mutual and endearing ties of social and civilised life; all trades and professions, arts and sciences, whether ministering to accommodation or elegance, constituting man's greatest felicity, whether as objects of pursuit or enjoyment, would have been unknown and untasted.—*Sir G. Blane's Medical Logic.*

*Anecdote flattering to the Medical Profession.*—But the anecdote most flattering to the medical profession which I should recal to your remembrance, is the occasion of the first establishment of the East India Company's power on the coast of Coromandel, which was procured by the favour of the



Great Mogul to one of our profession (Gabriel Boughton, of the ship *Hopeful*), in gratitude for his efficient help in a case of great distress to the monarch.

It seems that, in the year 1636 (a very early period of our direct intercourse with India), after the Portuguese had discovered the passage thither by the Cape of Good Hope, one of the princesses of the Great Mogul's family had been burnt dreadfully by accident, and that a messenger was sent to Surat, where foreign traders resorted, to desire the assistance of one of the English surgeons there, for they had acquired a great reputation among the natives for their skill in the cure of diseases. Gabriel Boughton proceeded forthwith to Delhi, and was successful in performing a cure; on which the Great Mogul's minister asked him what his master could do for him to manifest his gratitude for so important a service. Gabriel answered with a disinterestedness, a generosity, a patriotism beyond my praise, "Let my nation trade with yours." "Be it so," said the minister. A portion of the coast was marked out for the future resort of English ships, and all duties were compromised for a small sum of money. A better station, it is true, at the mouth of the Hoogly river, some twenty years afterwards, was chosen, and Calcutta was built; but here was the first establishment of our power—here did the civilisation of that vast continent begin. From hence the blessed light of the gospel may have been first promulgated amongst one hundred millions of native idolators, since subjected to British power, and made partakers of our enlightened comforts.—*Sir H. Halford, Medical Gazette.*

---

*Wound of the Antrum of Highmore, with destruction of the eye; fragment of knife-blade removed from the antrum two years afterwards.* By W. H. DONNE, M. D., of Louisville. Reported by R. S. Wendel, Student of Medicine.—Schuti, a gardener, aged 42 years, a native of Germany, in a rencontre with an athletic man, on the 3d of May, 1840, was struck with a dirk-knife which entered about an inch above the right superciliary arch, passed through the corresponding eyelid, downwards and backwards, evacuating the humours of the eye, and penetrated the antrum. The globe of the eye was divided by a vertical incision, through which the aqueous humour escaped; the iris was extensively detached at the ciliary margin, and could be partially seen through the transparent cornea—its surface being somewhat obscured by small coagula. The hemorrhage was slight, and easily controlled by moderate pressure. The patient complained of intense pain in the temple and cheek of the wounded side, shooting deep into the orbit. Three points of interrupted suture were used to approximate the edges of the divided eye. Lint saturated with laudanum and warm water, constituted the dressing.

May 4th.—Some tumefaction in the eyelid; pulse 110; tongue coated and dry; skin hot; patient has spent a very restless night. Ordered following medicine: Tart. Emetic, gr. j.; Sulph. Magnesia,  $\frac{3}{4}$ ss.; to be dissolved in one-half pint of water, and a table-spoonful to be taken every half-hour, until nausea is induced—after which the interval may be increased.

May 5th.—Bowels freely evacuated; pain less; skin moist; pulse 90 and soft. From this period until the wound healed—the space of three weeks—no constitutional symptoms of an untoward character occurred. The patient, however, contended that a portion of the knife-blade remained in the roof of his mouth. But on the most careful examination no foreign body could be detected.

On the 10th of August, 1842, Mr. Schuti called and requested Dr. Donne to examine his mouth, stating that for six months past he had been annoyed by a rough projecting substance, which some person had informed him was a piece of dead bone, but which he believed to be the point of the knife, that had been driven down into the bone by the violence of the blow. On looking into the mouth a small black speck was discernable about one-half inch from the interval between the first and second molar teeth. The parts adjacent were somewhat tumefied and inflamed. Dr. Donne made several attempts to extract this body with a pair of common dissecting forceps, but found it immoveably fixed in the substance of the bone. By dissecting around it with a bistoury down to the palate process of the superior maxillary bone, he was enabled to get a firmer hold, and with a pair of curved tooth forceps, succeeded in removing a fragment of the blade,  $1\frac{1}{4}$  inches in length, and  $\frac{3}{4}$  in. wide at the widest part; the extraction was not effected without considerable violence, and was attended with extreme suffering. The fragment came out with an audible snap, which induced those present to suppose at first that it had been broken; but on inspecting its surfaces closely, they were found similarly oxidised and wanting the lustre which a recent fracture would have presented. Upon probing the aperture through which the fragment had been extracted, no other piece could be detected. This opening would scarcely admit the curved probe which Dr. Donne passed into the antrum, in order to satisfy himself that the whole of the foreign body was removed. The next day there was a slight discharge from the aperture, though the patient has suffered very little pain since the operation.

[This case is certainly of a novel character. The rapidity with which the injury was repaired, and the length of time during which the fragment of the blade remained imbedded in the antrum, without causing much if any trouble to the patient, will at once strike the reader. It adds another to the many evidences on record of how much a sound constitution can effect, when aided by simple, yet prompt and judicious treatment such as was pursued by Dr. Donne in this instance. We should think it not improbable, however, that the patient may still have some difficulty, as the long sojourn of the broken knife in the antrum must have left the mucous membrane in a condition to take on disease from a slight cause.]—*Western Journal of Medicine and Surgery*.

---

**Respirators.**—Paragraphic notices have appeared, from time to time, in regard to the utility of respirators in this variable climate. Physicians are convinced of the utility of the invention, and the experience of invalids, which is worth infinitely more than any man's theory, confirms us in wishing that the instrument may be afforded at a price that will enable people of moderate circumstances to have it. Dr. Bowditch, of Bedford street, with this object in view, is about having respirators manufactured, equal in all respects to those brought from England, and that will be far more reasonable in cost. His advertisement will be found in to-day's Journal. Our medical friends, by keeping this intelligence in remembrance, can direct their patients where they can select from a large collection at a reasonable rate.—*Bost. Med. and Surg. Journ.* Oct. 5, 1842.